



## Federation of State Physician Health Programs

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### Montana

#### Demographics and staff - member

**Program Name:** Montana Professional Assistance Program, Inc. (MPAP)

**Address:** 3333 2nd Avenue North, Suite 200  
Billings, MT 59101

**Telephone:** (406) 245-4300

**Fax:** (406) 245 4432

**E-mail:** [mpap@montana.net](mailto:mpap@montana.net)

**Web site:** [www.montanaprofessionalassistance.com](http://www.montanaprofessionalassistance.com)

#### Staff:

- David G. Healow, MD, Medical Director
- Michael J. Ramirez, MS, CRC, Clinical Coordinator
- Mellani Reese, Administrative Assistant

#### Program structure

1. The program is operated by:
  - Independent corporation
2. Do you have a formal contractual relationship with the state medical board? Yes
  - Under separate contracts with the Board of Medical Examiners and the Board of Dentistry

#### Program services

1. Types of disease, illness, or conditions monitored:
  - Chemical dependency
  - Mental health
  - Behavioral health problems
  - Sexual misconduct and/or boundary violations
  - Stress management
  - Disruptive behavior
2. Services provided to which populations:
  - Physicians - MD
  - Physicians - DO
  - Families of physicians
  - Dentists
  - Residents
  - Podiatrists
  - Physician assistants
  - EMTs - Paramedics
  - Other licensees under the aegis of the Medical Board

#### Funding

Please indicate the primary sources of funding for your program:

ECONOMIC AFFAIRS INTERIM  
COMMITTEE  
2013-14  
August 21, 2013 Exhibit No. 20

- State licensing agency: 80% Board of Medical Examiners, 20% Board of Dentistry
- Participant fees
- Montana Hospitals
- Private Donors

**Monitoring requirements****Chemical dependency**

1. Length of contract: 5 years
2. Random urine drug screen frequency:
  - Year 1: 40 times per year
  - Year 2: 40 times per year
  - Year 3: 25 times per year
  - Year 4: 15 times per year
  - Year 5: 8 times per year
  - To completion: 6 times per year
  - Following relapse: 60 times per year
3. Support (self help) group requirements:
  - AA
  - NA
  - Caduceus
4. Support (self help) group frequency:
5. Therapy or treatment requirement: Evaluation at nationally recognized treatment center
6. Work or practice monitor requirement:
7. Other provisions: Prescription monitoring

**Mental health**

1. Length of contract:
  - 3 years
  - Other: Case by case basis
2. Support (self help) group requirements: as recommended
3. Support (self help) group frequency: varies with treatment recommendations
4. Therapy or treatment requirement:
5. Work or practice monitor requirement:
6. Other provisions:
7. Please describe any other monitoring services provided:



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### Wyoming

#### Demographics and staff - member

**Program Name:** Wyoming Professionals Assistance Program, Inc.

**Address:** P.O. Box 1496, Casper, WY 82602

**Telephone:** (307) 472 1222

**Fax:** (307) 472-1221

**E-mail:** [wpapro@wyonet.net](mailto:wpapro@wyonet.net)

#### Staff:

- Berton Toews, MD, FASAM, Medical Director
- Candice Cochran, Executive Director

#### Program structure

1. The program is operated by:
  - Independent corporation
2. Do you have a formal contractual relationship with the state medical board? Yes
  - Board of Medicine, Board of Dental Examiners, Board of Nursing, Board of Pharmacy, Mental Health professions licensing board, Board of Veterinary Medicine, Wyoming Judiciary and Wyoming State Bar. Several Wyoming Hospital Association member hospitals have agreements with WPAP. Representatives from the Board of Medicine, Board of Nursing, Board of Pharmacy, Wyoming State Bar and Wyoming Hospital Association and 2 at large members make up the WPAP board of directors.

#### Program services

1. Types of disease, illness, or conditions monitored:
  - Chemical dependency
2. Services provided to which populations:
  - Physicians - MD
  - Physicians - DO
  - Families of physicians
  - Medical students
  - Dentists
  - Residents
  - Nurses
  - Physician assistants
  - Pharmacists and pharmacy techs

- Veterinarians
- Attorneys
- Mental health professionals

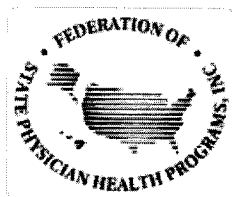
**Funding**

Please indicate the primary sources of funding for your program:

- State medical society
- State licensing agency
- Malpractice insurance companies
- Hospital and private contributions
- Participant fees
- State Bar
- Judiciary
- Hospitals

**Monitoring requirements****Chemical dependency**

1. Length of contract: 5 years
2. Random urine drug screen frequency:
  - Year 1: 24 times per year
  - Year 2: 24 times per year
  - Year 3: 12 times per year
  - Year 4: 12 times per year
  - Year 5: 12 times per year
3. Support (self help) group requirements:
  - AA
  - NA
  - Caduceus
4. Support (self help) group frequency:
  - Year 1: 3 times per week
  - Year 2: 3 times per week
  - Year 3: 3 times per week
5. Therapy or treatment requirement: No uniform defined requirement
6. Work or practice monitor requirement: Under development, currently on individualized basis
7. Other provisions:



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### Idaho

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#### Demographics and staff - member

**Program Name:** Idaho Physician Recovery Network  
Southworth Associates

**Address:** 413 S. Orchard , Boise, ID 83705

**Telephone:** (208) 323-9555

**Fax:** (208) 323-9222

**E-mail:** [john@southworthassociates.net](mailto:john@southworthassociates.net)

**Web site:** [www.southworthassociates.net](http://www.southworthassociates.net)

#### Staff:

- John Southworth, CADC, Executive Director/Program Coordinator
- Mark Broadhead, M.D., Medical Director
- Ron Hodge, J.D., Liaison to Idaho Medical Association
- Lori Barnes-Lapp, B.S., Quality Assurance/Data Advisor
- Ashley Gochmour, B.A., Senior Compliance Monitor
- Amber Swander, B.S, Compliance Monitor

#### Program structure

1. The program is operated by:
  - State medical society
  - State licensing agency
2. Do you have a formal contractual relationship with the state medical board? Yes
  - Contract with Board for partial funding - Board and IMA have joint oversight authority

#### Program services

1. Types of disease, illness, or conditions monitored:
  - Chemical dependency
  - Mental health
  - Behavioral health problems
2. Services provided to which populations:
  - Physicians - MD
  - Physicians - DO
  - Physician assistants

#### Funding

Please indicate the primary sources of funding for your program:

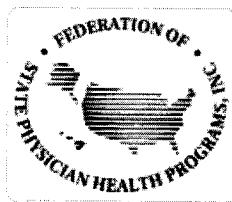
- State licensing agency (80 percent)
- Participant fees (20 percent)

**Monitoring requirements****Chemical dependency**

1. Length of contract: 5 years
2. Random urine drug screen frequency:
  - Year 1: 3 times per month
  - Year 2: 3 times per month
  - Year 3: 2 times per month
  - Year 4: 2 times per month
3. Support (self help) group requirements:
  - AA
  - NA
  - Caduceus
  - Professionally facilitated
4. Support (self help) group frequency:
  - Year 1: 4-6 times per week
  - Year 2: 4-6 times per week
  - Year 3: 9 times per month
  - Year 4: 9 times per month
  - Year 5: 9 times per month
5. Therapy or treatment requirement: physician recovery network
6. Work or practice monitor requirement: physician assigned to monitor; monitor network set up in office and hospital
7. Other provisions:

**Mental health**

1. Length of contract: no standard length
2. Support (mutual) group requirements:
  - Professionally facilitated
  - Other: we typically require individual counseling
3. Support (mutual) group frequency:
  - Year 1: 2-3 times per week
  - Year 2: 2-3 times per week
  - Year 3: 2-3 times per week
  - Year 4: 1-2 times per month
  - Year 5: 1-2 times per month
4. Therapy or treatment requirement:
5. Work or practice monitor requirement: same as chemical impairment
6. Other provisions:
7. Please describe any other monitoring services provided:



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### South Dakota

#### Demographics and staff - member

**Program Name:** South Dakota Health Professionals Assistance Program

**Address:** 4400 West 69th, #600  
Sioux Falls, SD 57108

**Telephone:** (605) 322-4048

**Fax:** (605) 322-4370

**E-mail:** [Maria.Eining@Avera.org](mailto:Maria.Eining@Avera.org)

#### Staff:

- Maria Eining MA, CCDCIII, LPC-MH, QMHP, Program Director
- Craig Uthe, MD, Medical Consultant
- Sherry Grismer, Program Associate

#### Program structure

1. The program is operated by: operates under SD CL Chapter 36-2A
2. Do you have a formal contractual relationship with the state medical board? yes

#### Program services

1. Types of disease, illness, or conditions monitored:
  - Chemical dependency
2. Services provided to which populations:
  - Physicians - MD
  - Physicians - DO
  - Medical students
  - Residents

Participation in HPAP is available to an individual who, at the time of application meet the following criteria:

- Holds professional licensure or certification from a participating South Dakota Board;

Or

- Is eligible for and in the process of applying for

licensure from a participating board;

Or

- Has been accepted as a student in a program leading to licensure as a professional under one of the participating boards.

Participating Boards include: SD Board of Medical and Osteopathic Examiners, SD Board of Nursing, SD Board of Pharmacy, SD Board of Dentistry and SD Certification Board for Alcohol and Drug Professionals

**Funding**

Please indicate the primary sources of funding for your program:

- Participating Licensing Boards
- Participant Fees





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### Washington

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#### Demographics and staff - member

**Program Name:** Washington Physicians Health Program

**Address:** 720 Olive Way, Suite 1010  
Seattle, WA 98101

**Telephone:** (206) 583-0127

**Fax:** (206) 583-0418

**Web site:** <http://www.wphp.org>

#### Staff:

- Alice Paine, Executive Director
- Charles Meredith, MD, Medical Director
- Scott Alberti, CCDC III, Clinical Director
- Dan Friesen, CDP, Clinical Coordinator
- Jason Green, LMHC, Mental Health and Family Services Manager
- Melissa Miller, CDP, Assistant Clinical Coordinator
- Ashley Heller, Administrative Manager
- Amanda Buhl, MPH, Research and Communications Coordinator
- Dale Hektner, Controller

#### Program structure

1. The program is operated by:
  - o Independent Board of Directors approved by Washington State Medical Association (WSMA)
2. Do you have a formal contractual relationship with the state medical board? Yes
  - o Contract allows for program to capture surcharge funding and mirrors governing statutes

#### Program services

1. Types of disease, illness, or conditions monitored:
  - o Chemical dependency
  - o Psychiatric and Behavioral Health
  - o Physical illness
2. Services provided to which populations:
  - o Physicians - (MD and DO)
  - o Dentists
  - o Residents
  - o Podiatrists
  - o Physician Assistants
  - o Veterinarians
  - o Students of these disciplines
  - o Families of these disciplines

**Funding**

Please indicate the primary sources of funding for your program:

- Annual license renewal fees
- Participant fees
- We solicit charitable donations

**Monitoring requirements****Chemical dependency**

1. Length of contract: 5 years
2. Random urine drug screen frequency:
  - Year 1: 36-40 times per year
  - Year 2: 36-40 times per year
  - Year 3: 24-30 times per year
  - Year 4: 24-30 times per year
  - Year 5: 24-30 times per year

Note: This may vary, and the testing may include hair, nail and blood
3. Support (self help) group suggestions:
  - AA
  - NA
  - Other mutual support groups
4. Support (self help) group frequency:
  - Year 1: We recommend 90 meetings in 90 days, then 3-4 per week
  - Year 2: 3-4 per week
  - Year 3: 2-3 per week
  - Year 4: 2-3 per week
  - Year 5: 2-3 per week
5. Weekly monitoring groups:
  - Year 1: weekly
  - Year 2: weekly
  - Year 3: monthly
  - Year 4: monthly
  - Year 5: monthly
6. Therapy or treatment requirement: Referral for therapy if indicated
7. Work or practice monitor requirement: Worksite monitor required with quarterly reporting
8. Other provisions: Individualized as indicated

**Mental health**

1. Length of contract: 1-5 years, based on diagnosis
2. Support (self help) group requirements: Individualized as indicated
3. Support (self help) group frequency: Individualized as indicated
4. Therapy or treatment requirement: Treating professional required
5. Work or practice monitor requirement: Worksite monitor required with quarterly reporting
6. Other provisions: Required quarterly meetings with WPHP staff
7. Please describe any other monitoring services provided:  
Individualized as indicated